

KUKKIWON SPECIAL TEST RECOMMENDATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

WORK PHONE: _____ CELL PHONE: _____

PRESENT RANK/NUMBER: _____ / _____

ISSUED BY (association): _____

ISSUED DATE: _____

TAEKWONDO RECORD

YEAR	ACHIEVEMENT (A CAREER)	ETC

SKIP DAN: _____

(Include a signed application form and any copies of old certificates)

REASON OF RECOMMENDATION: _____

The above person has a special reason for requesting not only to be promoted but to skip a dan level. Therefore, I recommend them to be promoted.

Recommended by WTMU: _____

Signature: _____ Dan #: _____ Date: _____

CC: Approved by Kukkiwon ()

Not approved by Kukkiwon ()